

030904  
22763

U.S.PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	57953/1201
First Inventor	Zucker-Franklin
Title	DEVICES AND METHODS FOR REMOVAL OF LEUKOCYTES FROM BREAST MILK
Express Mail Label No.	EL983813526US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 13]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications (if applicable)
  - Statement Regarding Fed sponsored R & D (if applicable)
  - Reference to sequence listing, a table, or a computer program listing appendix (if applicable)
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
- Oath or Declaration [Total Pages 2]
  - Newly executed (original or copy)
  - Unsigned
  - Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label			or	<input checked="" type="checkbox"/> Correspondence address below
--	--	--	----	--

Name	Michael L. Goldman		
Address	Nixon Peabody LLP Clinton Square, P.O. Box 31051		
City	Rochester	State	NY
Country	USA	Telephone	(585) 263-1304
		Zip Code	14603-1051
		Fax	(585) 263-1600

Name (Print/Type)	Alice Y. Choi	Registration No. (Attorney/Agent)	45,758
Signature	<i>Alice Y. Choi</i>		Date
			March 9, 2004

22581 U.S.PTO  
10/7996747

030904

# FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 479

Complete if Known	
Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Zucker-Franklin
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	57953/1201

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
<b>SUBTOTAL (1)</b>		<b>(\$)</b> 385	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	26	-20** = 6	X 9 = 54
Independent Claims	3	-3** = 0	X 43 = 0
Multiple Dependent		X	= 0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	(\\$)
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205
<b>SUBTOTAL (2)</b>		<b>(\$)</b> 54

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** 40

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed or printed name \_\_\_\_\_

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Alice Y. Choi	Registration No. (Attorney/Agent)	45,758	Telephone	(585) 263-1508
Signature	Alice Y. Choi			Date	March 9, 2004

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**EXPRESS MAIL CERTIFICATE**

DOCKET NO. : **57953/1201**

APPLICANT(S) : **Dorothea Zucker-Franklin**

TITLE : **DEVICES AND METHODS FOR REMOVAL OF  
LEUKOCYTES FROM BREAST MILK**

Certificate is attached to the **Patent Application, Including Specification, Claims, and Abstract (13 pages) and the SIGNED Combined Declaration and Power of Attorney (2 pages)** of the above-named application.

“EXPRESS MAIL” NUMBER: **EL983813526US**

DATE OF DEPOSIT: **March 9, 2004**

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**Shawn A. Lockett**

(Typed or printed name of person mailing  
paper or fee)



(Signature of person mailing paper or fee)

## **EXPRESS MAIL CERTIFICATE**

DOCKET NO. : **57953/1201**

APPLICANT(S) : **Dorothea Zucker-Franklin**

TITLE : **DEVICES AND METHODS FOR REMOVAL OF  
LEUKOCYTES FROM BREAST MILK**

**Certificate is attached to the Assignment and the Recordation Form Cover Sheet (2 pages) of the above-named application.**

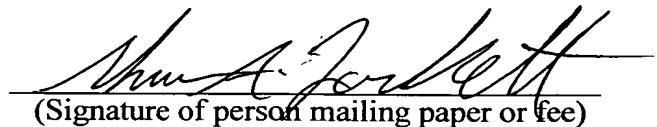
“EXPRESS MAIL” NUMBER: **EL983813526US**

DATE OF DEPOSIT: **March 9, 2004**

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**Shawn A. Lockett**

(Typed or printed name of person mailing  
paper or fee)



(Signature of person mailing paper or fee)

## EXPRESS MAIL CERTIFICATE

DOCKET NO. : **57953/1201**

APPLICANT(S) : **Dorothea Zucker-Franklin**

TITLE : **DEVICES AND METHODS FOR REMOVAL OF  
LEUKOCYTES FROM BREAST MILK**

Certificate is attached to the **Utility Patent Application Transmittal (1 page)** (in duplicate) and **Fee Transmittal for FY 2004 (1 page)** (in duplicate) of the above-named application.

“EXPRESS MAIL” NUMBER: **EL983813526US**

DATE OF DEPOSIT: **March 9, 2004**

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**Shawn A. Lockett**

(Typed or printed name of person mailing  
paper or fee)



(Signature of person mailing paper or fee)

**EXPRESS MAIL CERTIFICATE**

DOCKET NO. : **57953/1201**

APPLICANT(S) : **Dorothea Zucker-Franklin**

TITLE : **DEVICES AND METHODS FOR REMOVAL OF  
LEUKOCYTES FROM BREAST MILK**

Certificate is attached to the **Drawings (2 pages)** of the above-named application.

“EXPRESS MAIL” NUMBER: **EL983813526US**

DATE OF DEPOSIT: **March 9, 2004**

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**Shawn A. Lockett**

(Typed or printed name of person mailing  
paper or fee)

  
(Signature of person mailing paper or fee)